United States District Court

for the

Western District of Pennsylvania

DEBRA M. PARRISH)))
Plaintiff(s) V. U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES)) Civil Action No. 2:20-ev-537)
Defendant(s))

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address) ALEX AZAR

Secretary

U.S. Department of Health and Human Services

Hubert H. Humphrey Building 200 Independence Avenue, SW Washington, DC 20201

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 30 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff's attorney,

whose name and address are: DEBRA M. PARRISH

Parrish Law Offices 788 Washington Road Pittsburgh, PA 15228

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

"ENGTM'QH'EQWTV

Michael Ayoob 04/15/2020

"F cvg"""""""Uki pcwtg"qh" Ergtmlqt 'F gr w{ 'Ergtm

Civil Action No. 2:20-cv-537

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

was re	This summons for (no ceived by me on (date)	ame of individual and title, if an				
	•	ed the summons on the indi				
			on (date)	; or		
	☐ I left the summon					
		, a person of suitable age and discretion who resides there,				
	on (date)	on (date), and mailed a copy to the individual's last known address; or				
	☐ I served the summons on (name of individual)					
	designated by law to	designated by law to accept service of process on behalf of (name of organization)				
		On (date)			; or	
	☐ I returned the sum	☐ I returned the summons unexecuted because			; or	
	☐ Other (specify):					
	My fees are \$	for travel and \$	for services, for a total of \$	0.00	·	
	I declare under penalty of perjury that this information is true.					
Date:		_	Server's signature			
	Server's signature					
		_	Printed name and title			
		_	Server's address			

Additional information regarding attempted service, etc:

Print Save As... Reset